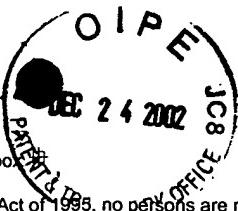


Please type a plus sign (+) inside this box.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



0300

# TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

		Application Number	10/014,099
		Filing Date	December 11, 2001
		First Named Inventor	RALF KÜHN ET AL.
		Group Art Unit	To Be Assigned
		Examiner Name	To Be Assigned
Total Number of Pages in This Submission		Attorney Docket Number	100725-21/Kreisler 1097-KGB

**ENCLOSURES (check all that apply)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached | <input type="checkbox"/> Assignment Papers<br>(for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> To convert a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other - Response to Notice to Comply with Requirements<br><input checked="" type="checkbox"/> Additional Enclosure(s)<br>(please identify below):<br>- Duplicate diskette containing Sequence Listing, copy of Notice to Comply |
|--|---|---|

Remarks:

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Theodore A. Gottlieb NORRIS McLAUGHLIN & MARCUS, P.A.	
Signature		
Date	Reg. No. 42,597 December 19, 2002	

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to : U.S. Patent and Trademark Office, Box Sequence, P.O. Box 2327, Arlington, VA 22202.

Typed or printed name	Vilma I. Fernandez
Signature	
	Date December 19, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Hon. Commissioner of Patents, Washington, DC 20231.